or PCT Parent Number

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR CASE MANAGEMENT OF WORKPLACE-RELATED INJURIES

the spec [XX]	ification of which is attached hereto		[]	was filed on Application Serial and was amended of	
[]	was filed as PCT		on		
I hereby state that the claims, as am	t I have reviewed a ended by any amer	and understand the	contents of above.	of the above identified	ed specification, including
		nformation which i ederal Regulations			of this application in
application(s) for designated at leas below, by check t	patent or inventor of one country othe the box, any foreig	's certificate, or 36 r than the United S n application(s) for	55(a) of ar states of A r patent or	y PCT international	e and have also identified te, or of any PCT
Prior Foreign Ap	plication				
(Number)	(Countr	y) (Day/M	fonth/Yea	Filed)	Certified Copy Attached?
I hereby claim th	e benefit under 35	U S.C. 119(e) of a	ın United	States provisional ap	oplication(s) listed below
Application No(s	s) (Day/Mont	h/Year Filed)			lication numbers are rity data sheet attached
international app of each of the cla application in the the duty to disclo Regulations Cod	lication designatin tims of this applicate manner provided use material inform e, § 1.56(a) which	g the United States tion is not disclose by the first paragration which is mat-	s of Ameri ad in the part aph of Tit erial to part between t	ca, listed below and rior United States ap le 35, United States tentability as defined	application(s) or any PCT i, insofar as the subject matter oplication or PCT International Code, § 112, I acknowledge d in Title 37, of Federal prior application and the
U.S. Parent App or PCT Parent N		Parent Filing Date (MM/DD/YYYY		Parent Patent (If Applicable	

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I hereby declare that all statements made herein of my ow information and belief are believed to be true; and further willful false statements and the like so made are punishab 18 of the United States Code and that such willful false st or any patent issuing thereon.	that these statements were made with the knowled ble by fine or imprisonment, or both under § 1001
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